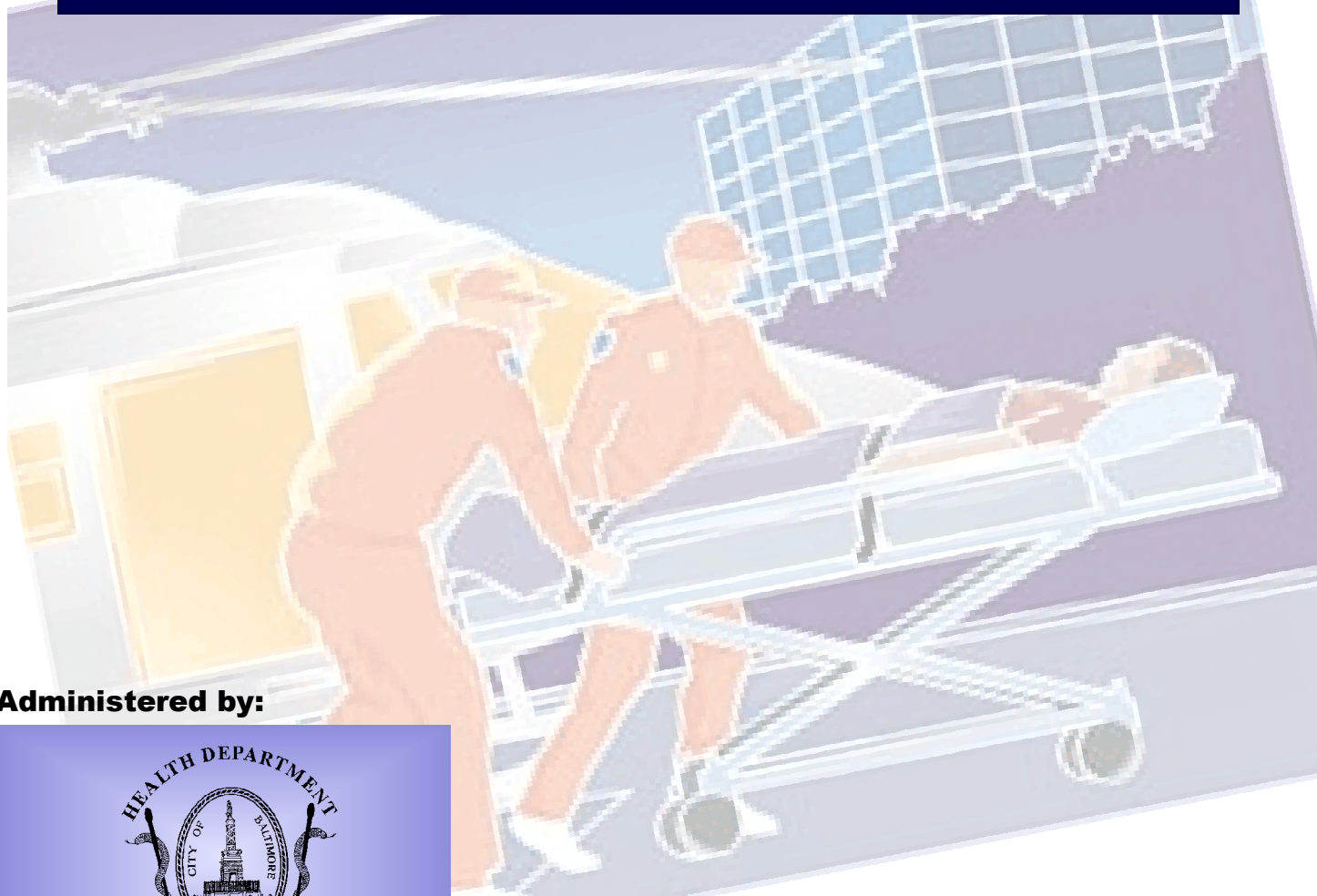




GUIDELINES FOR AIR AMBULANCE SERVICES UNDER THE MARYLAND MEDICAID PROGRAM



Administered by:



Under the Medical Assistance General Transportation Grant from:



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Office of Health Services
Medical Care Programs

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INTRODUCTION

The purpose of these Guidelines is to clarify the application of the requirements and procedures spelled out by the Maryland Department of Health and Mental Hygiene in Transmittal #13-03, Maryland Medical Assistance Program, General Transportation Grants Transmittal #2, Updated Air Ambulance Transportation Policy under the Transportation Grants Program, dated March 7, 2003, and to clarify interpretations of the Transmittal which have arisen from questions raised since its promulgation.

The information contained in these Guidelines does not supercede or supplant any part of Transmittal #13-03.

HOURS OF OPERATION and CONTACTING THE MEDICAL ASSISTANCE TRANSPORTATION OFFICE

- The Medical Assistance Transportation Office is open during the following days and hours:
Monday through Friday, 7:30 a.m. to 10:45 p.m. (except holidays)
and
Saturday, 6:00 a.m. to 8:45 p.m. (except holidays)
- The Medical Assistance Transportation Office operates at **reduced hours** (7:30 a.m. to 7:15 p.m.) with a skeleton staff on the following holidays observed by the City of Baltimore:

3 rd Monday in January	Martin Luther King Birthday
3 rd Monday in February	President's Day
Friday Before Easter	Good Friday
Last Monday in May	Memorial Day
4 th of July	Independence Day
1 st Monday in September	Labor Day
2 nd Monday in October	Columbus Day
11 th of November	Veteran's Day
Presidential and Congressional Election Days	
- The Medical Assistance Transportation Office is **closed** on the following holidays observed by the City of Baltimore:

1 st of January	New Year's Day
4 th Thursday in November	Thanksgiving Day
25 th of December	Christmas Day
- Holidays on Saturday are observed the preceding Friday.
Holidays on Sunday are observed the following Monday.
- Telephone numbers during office hours:
To obtain transport preapproval: (410) 396-7433
All faxes, all hours: (410) 889-7560
- A Duty Officer is available at all times the Medical Assistance Transportation Office is closed.

To have the Duty Officer paged, dial: (410) 396-5852
Ask to page the Duty Officer for medical transportation.
Your call will be returned within fifteen minutes.

DEFINITION OF TERMS - As used in this document, the following terms have the following meanings:

911 Transport: Any transport provided “from the scene” in conjunction with a local emergency response system.

Air Transport or Air Ambulance Service: As used herein, means medical transportation via rotary wing aircraft.

Appropriate Facility: The closest hospital generally equipped to provide the needed equipment, specific specialty services, and/or specialty physician(s) to provide the necessary care for a given illness or injury.

Crossover Claim: A claim for services provided to a recipient having Medicare as the primary payor.

Covered Service: A medical service reimbursable by the Maryland Medical Assistance Program.

Emergency / Emergent: The acute onset of a medical condition manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected by a prudent layperson, possessing an average knowledge of health and medicine, to result in:

Placing health in jeopardy; and/or
Serious impairment to bodily functions; and/or
Serious dysfunction of a bodily organ or part; or
Development or continuance of severe pain.

Emergency Medical Condition: According to EMTALA, a medical condition which manifests itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or to result in serious impairment to bodily functions; or to result in serious dysfunction of any bodily organ or part. With respect to a pregnant woman, there may be inadequate time to effect a safe transfer to another hospital before delivery and/or the transfer may pose a threat to the health of the woman or the unborn child.

EMTALA: The Emergency Medical Treatment And Women in Labor Act, Social Security Act, Sec. 1867. [42 U.S.C. 1395ddd]

E.V.S. : The Maryland Medical Assistance telephone **Eligibility Verification System**.

Long Distance: A transport distance of greater than twenty-five (25) miles.

Medicaid: The Maryland Medical Assistance Program.

N.P.I.: **National Provider Identifier** issued by the Centers for Medicare and Medicaid Services.

Provider: As used herein, means a provider of medical transportation via rotary wing aircraft.

Rapid Transport: A reasonably anticipated elapsed transport time of less than thirty (30) to less than sixty (60) minutes.

Recipient: An individual who is a participant in a Maryland Medicaid Program.

Stabilize: To provide such medical treatment for a condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of a recipient from one hospital to another.

Urgent: An acute or chronic medical condition requiring prompt medical attention, but not of such a nature as to reasonably be expected by a prudent layperson, possessing an average knowledge of health and medicine, to result in immediate severe risk or harm.

GENERAL REQUIREMENTS for AIR TRANSPORT PROVIDERS

- ◆ To the extent required by law, providers of service shall be licensed and legally authorized to provide medical air transportation services in the State of Maryland; and
- ◆ Providers of service shall have in effect a provider agreement with the Maryland Medicaid Program.

GENERAL CONDITIONS FOR REIMBURSEMENT

In order for a provider to receive reimbursement for air transportation, the following requirements must be met:

- ◆ The individual being transported is a Maryland Medicaid recipient participating in a Medicaid program having transportation benefits under the Maryland Medicaid General Transportation fund; and
- ◆ The medical service required is not available at the sending hospital; and
- ◆ The receiving hospital is a participant in the Maryland Medicaid Program; and
- ◆ The service to be rendered at the receiving hospital is a “covered service” under the Maryland Medicaid Program; and
- ◆ The receiving hospital has agreed to accept the recipient; and
- ◆ The treating physician from the sending hospital has completed a Physician Certification for Medical Assistance Air Transportation; and
- ◆ Air transport is medically necessary, appropriate, and reasonable.

NECESSARY, APPROPRIATE, REASONABLE

- ◆ Necessity is established when the recipient's condition is such that use of any other method of transportation is absolutely contraindicated. It is important to note that the presence of a physician's order for air transport does not necessarily prove (or disprove) whether that mode of transport is necessary.
 - ▶ In any case where some means of transportation other than air transport could be used without endangering the recipient's life or health, whether or not such other transportation is actually available, payment may not be made at the air transport rate.
- ◆ In general, for air transport to be considered the appropriate mode of transportation, two or more of the following criteria must be met:
 - ▶ The condition of the recipient is "emergent", rather than merely "urgent"; and
 - ▶ The recipient's stabilized condition requires rapid transport over a long distance; and/or
 - ▶ The recipient's unstabilized condition precludes ground transport due to the need to minimize transport time (note: medical documentation supplied must support this conclusion); and/or
 - ▶ The pick up point is not accessible by ground transport; and/or
 - ▶ Under rare and exceptional circumstances, traffic patterns are such as to unreasonably delay ground transport.
- ◆ In general, for an air transport to be considered reasonable, the following criteria must be met:
 - ▶ The recipient requires medical services not available at the sending hospital; and
 - ▶ The required medical services are available at the receiving hospital; and
 - ▶ The selected receiving hospital is the closest available appropriate facility able to provide the required medical services; and
- ▶ The selected receiving hospital has agreed to accept the recipient; and
- ▶ The recipient's medical condition at the time of transport is such that the use of ground transport can reasonably be expected to result in placing the recipient's life or health in immediate jeopardy.
- ◆ Factors considered when determining necessity, appropriateness, and reasonableness for use of air transport as opposed to ground transport, may include some, or all, or none of, and are not limited to, the following criteria:
 - ▶ Recipient's diagnosis, recipient's medical history, and recipient's condition at the time of transport.
 - ▶ Level of care reasonably expected to be required during transport.
 - ▶ Adjunctive equipment in use at the time of transport or reasonably expected to be required during transport.
 - ▶ Medications (including whole blood or blood products) being administered at the time of transport or reasonably expected to be required during transport.
 - ▶ Reasons the sending facility cannot medically manage the recipient.
 - ▶ Reasons for choice of receiving facility.
 - ▶ Ground distance and transport time between sending and receiving facilities.
 - ▶ If a closer appropriate facility was bypassed, reasons for the bypass.
 - ▶ Weather conditions (ground and air).

NECESSARY, APPROPRIATE, REASONABLE (continued)

- ◆ **Important Note Regarding “Appropriateness”:**
The fact that a particular physician does not have privileges in a specific hospital is not a consideration in determining whether a hospital is an appropriate facility. Therefore, service to a more distant hospital solely to avail a recipient of the service of a specific physician or physician specialist does not make the hospital in which the specific physician has staff privileges the nearest appropriate facility.

Similarly, the fact that a more distant facility is better equipped, either qualitatively or quantitatively, to care for the recipient does not, per se, warrant a finding that a closer facility is not “appropriate”. Such a finding is warranted, however, if the recipient’s condition requires a higher level of trauma care or other specialized service available only at the more distant facility, or in the very rare and unusual case of a recipient having extremely complex medical needs which may justify the use of a specific team of specialists as a critical component in continuity of care.

- ◆ **Important Note Regarding EMTALA Transports:**
In that it is entirely possible to complete many necessary transfers – even specialty care transfers – via ground transport, providers are reminded that the mere fact a transfer is requested pursuant to the provisions of EMTALA is not, of and unto itself, justification for the use of air transport. Providers are therefore cautioned that appropriate documentation must be submitted to validate the use of air transport for EMTALA transfers, just as must be submitted for any other transfer.

PROGRAMS and SERVICES NOT COVERED

- ◆ The following Maryland Medical Assistance programs **DO NOT INCLUDE TRANSPORTATION BENEFITS**:
 - ▶ *Primary Adult Care Program (PAC)*. PAC recipients can be identified by an EVS message containing the phrase “*Recipient has PAC primary care benefit*”.
 - ▶ *Qualified Medicare Beneficiary Program (QMB)*. QMB’s can be identified by an EVS message containing the phrase “*Medicare primary payor*”.
 - ▶ *Special Low Income Medicare Beneficiary Program (SLIMB)*. SLIMB’s can be identified by an EVS message containing the phrase “*Eligible for Medicare Part B Payment only*”.
 - ▶ QMB’s and SLIMB’s are not to be confused with recipients having dual Medicare/Medicaid coverage with Medicare as the primary payor, and commonly referred to in the industry as “*Medicare Primary*” recipients. Dual coverage recipients **ARE** eligible for certain transportation benefits as Medicare crossover claims, and can be identified by an EVS message containing the phrase “*also Medicare*”.
- ◆ The following services are not covered by the Maryland Medicaid General Transportation fund:
 - ▶ Emergency air transport from the scene of any incident.
 - ▶ Air transport from a facility that is not an acute care hospital, such as a nursing facility, physician’s office, or a recipient’s home.
 - ▶ Transportation costs covered by Medicare or by any other insurance program or other payor.
 - ▶ Except in cases of extremely rare and unusually complicated medical needs, transportation provided solely so that the recipient can utilize the services of a particular facility or a particular physician or medical team.
- ◆ See, also, *Additional Billing Information*, for further direction.

PREAUTHORIZATION PROCEDURE

- ◆ Providers are strongly advised to assure that medical facilities obtain preauthorization when the recipient's Maryland Medicaid status is known. If the facility has failed to obtain preauthorization, or in cases where the patient's insurance status is unknown or listed as "self pay", providers are strongly advised to obtain a signed Physician's Certification for Air Transportation form if there is any possibility the patient is, or may be, or may become, a Medicaid recipient.
- ◆ **REGARDING EMTALA and PREAUTHORIZATION:** It is inaccurate that EMTALA prohibits the gathering of demographic information, including insurance information, or dissemination of demographic information, including insurance information, as needed.

EMTALA prohibits delay or denial of medical evaluation or treatment to any person having an emergency medical condition when such delay or denial is based upon type of insurance or patient's ability to pay. It is acceptable and appropriate under EMTALA provisions for a patient to follow all of the normal registration and triage procedures consistent with the presenting condition..
- ◆ Preauthorization may be requested at any time prior to or during transport, but not after transport is complete.
- ◆ Preauthorization is appropriately obtained by:
 - ▶ The **sending facility**, when the recipient's Maryland Medicaid number is known.
 - ▶ The **receiving facility**, when the receiving facility provides a specialty care team to accompany the recipient during transport.
- ◆ To obtain preauthorization, contact the Medical Assistance Transportation Office by the method detailed in "*Hours of Operation and Contacting the Medical Assistance Transportation Office*".
- ◆ The following information is required during the preauthorization process:
 - ▶ The recipient's Medicaid or Social Security number.
 - ▶ The recipient's name.
 - ▶ The recipient's date of birth.
 - ▶ The recipient's home address and county.
 - ▶ The recipient's diagnosis.
 - ▶ The reason for transfer.
 - ▶ Level of care and adjunctive equipment required.
 - ▶ The name of the sending physician.
 - ▶ The name of the receiving physician.
 - ▶ The name of the receiving hospital.
- ◆ Upon reviewing the circumstances of the transport and the requirements for the use of air transportation, the Air Transportation Screener or Duty Officer will issue an authorization number, deny the request, or advise the caller that post-authorization is necessary.
- ◆ Whether or not approved, the air transport service is advised to obtain a complete Physician's Certification for Air Transportation form from the sending physician if there is any possibility the patient is, or may be, or may become, a Medicaid recipient..
 - ▶ One copy of the form should be retained by the air transport team.
 - ▶ One copy of form should be faxed to the Office of Field Health Services at (410) 889-7560.
 - ▶ The original form is to be mailed to:

Medicaid Transportation Grant Manager
The Baltimore City Health Department
211 East 25th Street
Baltimore, Maryland 21218

POSTAUTHORIZATION PROCEDURE

- ◆ Air transport providers may request postauthorization in situations where the recipient's Maryland Medicaid Number was unknown at the time of transport or when Medicaid eligibility is retroactively granted subsequent to transport.
- ◆ Air transport providers may also request postauthorization in situations where preauthorization was appropriate but not obtained. **However:** due to the extreme difficulty in obtaining the necessary documentation weeks or months later, providers are strongly advised to obtain documentation at the time of transport or to assure that medical facilities obtain preauthorization whenever the recipient's Maryland Medicaid status is known at the time of transport.
- ◆ The postauthorization process is accomplished concurrent with the processing of the claim for payment

BILLING TIME LIMITS STATUTE

- ◆ In accordance with COMAR 10.09.36, the following time constraints apply to claims for services provided under the Medicaid General Transportation program:
 - ▶ All claims, together with all required backup documentation, must be received by the Medical Assistance General Transportation Grant Manager within twelve (12) months of the date of service. It is strongly recommended that claims be submitted as soon as practicable after providing services.
 - ▶ In the event a recipient is granted retroactive Medicaid status by a local Department of Social Services, claims (together with all required backup documentation) may be submitted within twelve (12) months of the eligibility decision date. **Documentation of retroactive eligibility must be included with the claim.**
 - ▶ A claim which is rejected due to improper completion, incomplete information, or failure to include the proper backup documentation may be properly completed and resubmitted AS IF ORIGINAL and with a cover letter explaining the resubmission, within the original twelve-month period, or within sixty (60) days of the date of rejection (whichever is later).
 - ▶ A claim which is rejected for cause but upheld upon review, may be resubmitted (together with all required backup documentation) AS IF ORIGINAL and with a cover letter explaining the resubmission, within the original twelve-month period, or within sixty (60) days of the date of the review decision (whichever is later).

CLAIMS SUBMISSION

- ◆ Providers must submit a clean claim. A clean claim is an original, correctly completed and unaltered claim form that is ready to process, together with all required backup documentation. It is strongly recommended that claims be submitted as soon as practicable after providing service.
- ◆ Claims are to be submitted using a CMS form 1500, with the following sections completed:
 - ▶ Item 1 – Insurance Type (check Medicaid and any other insurance that applies)
 - ▶ Item 1a – Insured's ID Number. (Enter the recipient's 11-digit Maryland Medical Assistance Number. Do not use a Health Choice MCO identifier.)
 - ▶ Item 2 – Patient's Name
 - ▶ Item 3 – Patient's Birth Date and Sex
 - ▶ Item 4 – Insured's Name (only if the Insured is different from the patient)
 - ▶ Item 5 – Patient's Address, City, State, Zip Code and Telephone Number.
 - ▶ Item 6 – Patient's Relationship to Insured (only if the Insured is different from the patient)
 - ▶ Item 10 – Is patient's condition related to:
a. employment? b. auto accident? c. other accident?
 - ▶ Item 12 – Patient's or Authorized Representative's Release of Information
 - ▶ Item 13 – Insured's or Authorized Representative's Assignment of Benefits
 - ▶ Item 14 – Date of current illness / injury / pregnancy (LMP)
 - ▶ Item 17 – Name of referring physician
 - ▶ Item 17a – Referring Physician's Medicaid Provider Number or NPI
 - ▶ Item 19 – Reserved for Local Use. (Use this space to record additional comments, if any. If none, enter "none".)
 - ▶ Item 21 – Diagnosis or Nature of Illness or Injury.
 - ▶ Item 23 – Prior Authorization Number. (Use this space to record preauthorization number, if preauthorization was obtained.)
 - ▶ Items 24 a thru 24 k – related to services provided.
 - ▶ Item 25 – [Provider's] Federal Tax ID Number.
 - ▶ Item 26 – Patient's Account Number.
 - ▶ Item 28 – Total Charge
 - ▶ Item 29 – Amount Paid (enter amounts received from other Insurers)
 - ▶ Item 30 – Balance Due
 - ▶ Item 31 – Signature (of provider)
 - ▶ Item 32 – Service Facility Location (enter sending and receiving facilities in this space)
 - ▶ Item 33 – Billing Provider Info & Phone #
- ◆ The following documentation must accompany the CMS form 1500:
 - ▶ A Physician's Certification for Medical Assistance Air Transportation, completed and signed by the referring physician from the sending facility, including the referring physician's Maryland Medical Assistance Provider Number or NPI Number.
 - ▶ A legible and complete copy of the recipient's demographic face sheet from the sending facility.
 - ▶ A legible and complete copy of the recipient's discharge summary or medical record from the sending facility.
 - ▶ A legible and complete copy of the flight medical record.
 - ▶ Copies of such other documentation as may seem relevant. For example, copies of documentation supporting the choice of a more distant hospital.
 - ▶ In the event the term "Signature on File" is inserted in Item #12 (release of information) and/or in Item #13 (assignment of benefits) on the CMS form 1500, a copy of the appropriate signature(s) must be attached to the submission.
 - ▶ In the event a claim is submitted later than twelve months after the date of service: a clear and specific explanation of the delay, together with backup documentation supporting the explanation, must be attached to the submission.
 - ▶ Such other information as may be requested from time to time.
- ◆ Photocopied, incomplete, or altered claim forms will be returned to the provider.
- ◆ Claim forms missing any of the required documentation cannot be processed and will be returned to the provider.

REIMBURSEMENT INFORMATION

- ◆ The reimbursement rate for rotary wing air transport is:
 - Base rate of \$2,300 per one-way trip plus
 - \$30 per loaded air mile
- ◆ Mileage is calculated from actual point to actual point without reference to restricted air space, ATC detours, hazardous weather conditions or other departures from a straight line path; and is based upon locations found in the U.S. Geological Survey (USGS)-compiled Geographic Names Information System (GNIS) database (the federal standard for geographic nomenclature) using the “great circle” calculation method.
- ◆ In the event two recipients are transported in the same aircraft at the same time:
 - If transported to the same destination, the reimbursement rate for each recipient is 75% of the base rate (or, \$1,725.) plus: \$30 per loaded air mile times one-half air mileage calculated as above.
 - If transported to different destinations, the reimbursement rate for the first recipient is 75% of the base rate (or, \$1,725.) plus: \$30 per air mile times one-half air mileage from the sending facility to the first destination. The reimbursement rate for the second recipient is 75% of the base rate (or, \$1,725) plus: \$30 per air mile times one-half air mileage from the sending facility to the second destination. (Air mileage calculated as above.)
- ◆ Providers are reimbursed only for loaded mileage from the sending facility to the closest appropriate facility, unless the provider documents a valid reason a more distant facility was selected.
- ◆ In all cases, providers are reimbursed only for loaded mileage and only if the recipient is living when the aircraft departs the sending facility. The Maryland Medical Assistance Program currently makes no provision for reimbursement in the event a recipient is pronounced dead before the aircraft departs the sending facility, whether or not the aircraft is in flight at the time of death.

ADDITIONAL BILLING INFORMATION

- ◆ Medical Assistance is the payor of last resort. In cases where a recipient has dual coverage with Medicare or any another insurance program or payor, the other payor must be billed prior to any submission to Medical Assistance. Documentation of the proceeds or denial of that billing must be submitted as part of the attachments to claims to the Medicaid General Transportation Fund.
- ◆ Claims payable under the Medical Assistance General Transportation Program may be submitted to:

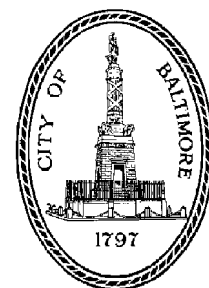
Medicaid Transportation Grant Manager
Baltimore City Health Department
211 East 25th Street
Baltimore, Maryland 21218
(410) 396-7433
- ◆ Under the Maryland Medical Assistance Program, only recipients have the right to appeal – providers have no appeal rights. However, providers may request a review of claims which are denied by the Medicaid General Transportation Grant Manager. Requests for review may be submitted, in writing, to:

Maryland Department of Health & Mental Hygiene
Division of Community Support Services
Attention: Medicaid Transportation Supervisor
201 West Preston Street
Baltimore, Maryland 21201
- ◆ Medicare crossover claims are not payable with Medical Assistance General Transportation funds. Medicare crossover claims may be submitted to:

Maryland Department of Health & Mental Hygiene
Medical Assistance Program
Post Office Box 1935
Baltimore, Maryland 21203
(410) 767-5503
- ◆ Claims for 911 air transport from the scene by commercial entities are not payable under any part of the Maryland Medical Assistance Program.



Olivia D. Farrow, Esq., R.S.
Interim Commissioner of Health



Sheila Dixon
Mayor